

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD: JULY 1, 2004 - JUNE 30, 2005**

1. DEPARTMENT/COURT INFORMATION:

Department/Court: Health and Human Services Agency (HHS)

Division/Unit: North Inland Children's Services

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	1	Hours	30	X	\$17.55	=	\$526.50
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Types of work performed by GENERAL VOLUNTEERS in this category:

Assisting social workers in field, transports, filing, returning phone calls, documentation
of case contacts, assisting PSS with administrative duties, filing out paperwork.

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.	0	Hours	0	X	\$17.55	=	\$0.00
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels [VCL]. If you have such a volunteer, please indicate the position, hours and compensation level below.)

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
					\$0.00
					\$0.00

No. Vol.	0	Total Hours	0	Total Value	\$0.00
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
<u>1</u>	<u>30</u>	<u>\$527</u>
<u>0</u>	<u>0</u>	<u>\$0</u>
<u>0</u>	<u>0</u>	<u>\$0</u>

TOTALS:	1	Total Hours	32	Total Value	\$526.50
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3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

TOTAL VALUE = \$0.00

4. VOLUNTEER PROGRAM COSTS:

a.

Cost of direct supervision of Volunteers (total hours of direct supervision multiplied by the hourly rate of staff person[s] directly supervising program volunteers.)

Hours 10 X Rate \$23.00 **\$230.00**

b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator[s]). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours 3 X Rate \$31.00 **\$93.00**

c. Other program costs (training materials/supplies, recognition costs, etc.):

Item : _____ Cost: _____

Item : _____ Cost: _____

Item : _____ Cost: _____

TOTAL OF OTHER PROGRAM COSTS =

\$0.00

d. TOTAL OF PROGRAM COST (4a+4b+4c) =

\$323.00

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a Total Dollar Benefits of Volunteers, Item 2d **\$526.50**

b. Total of Donations to Volunteer Program, Item 3 **\$0.00**

c. Subtract Total of program Costs, Item 4d **\$323.00**

TOTAL PROGRAM BENEFIT:

\$203.50

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6. **RECRUITING:**

Please describe your recruiting programs:

N/A

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

N/A

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2005-06:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

I would like to continue to have volunteers to develop IFPP and Continuing Services.

9. **GENERAL INFORMATION:**

Name of person completing report:

Janice LaFreniere

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E-Mail:

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Volunteer Coordinator:

Janice LaFreniere

Phone:

(760) 480-3452

Mail Stop: N168

E-Mail:

lafrj05@cws.ca.state.us

10. **DEPARTMENT CERTIFICATION:**



DEPARTMENT HEAD SIGNATURE

7/21/05

DATE